
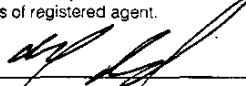
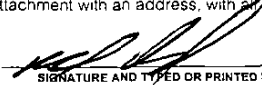


2007 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|--|--|---------|
| DOCUMENT # N06000010653 1. Entity Name ISLES OF PORTO VISTA CONDOMINIUM 8 ASSOCIATION, INC. | |  FILED 07 SEP 18 AM 11:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928 | | Mailing Address 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928 | |
| 2. Principal Place of Business - No P.O. Box # 12734 Kenwood Ln. | | 3. Mailing Address 12734 Kenwood Ln. | |
| Suite, Apt. #, etc. Ste. 49 | | Suite, Apt. #, etc. Ste. 49 | |
| City & State Ft. Myers, FL | | City & State Ft. Myers, FL | |
| Zip 33907 | Country | Zip 33907 | Country |
| 4. FEI Number 20-4173372 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907 | | 7. Name and Address of New Registered Agent Name Tropical Isles Management Services, Inc Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln, Ste 49 City Ft Myers FL Zip Code 33907 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MARK RUDLAND 9/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete DEBITETTO, JOHN 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gil Tenzer 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BERRY, MARK C 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Drew Herold 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete CORBIN, DELINDA 3800 DEL PRADO BOULEVARD CAPE CORAL, FL 33928 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Halperin 411 West Putnam Ave., Ste. 225 Greenwich, CT 06830 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">9/9/19</div> | ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition mark Rudland 12734 Kenwood Ln, Ste. 49 Ft. Myers, FL 33907 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100108562931 09/18/07-01021-010 **\$61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either like empowered. | | | |
| SIGNATURE:  MARK RUDLAND <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 9/11/07 935-2995 <small>Date Daytime Phone #</small> | |